



PATENT
Attorney Docket No.: INL-044C1

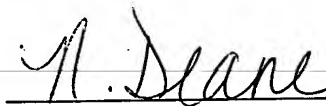
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Rosén *et al.*
SERIAL NO.: 10/050,441 GROUP NO.: 1651
FILING DATE: January 16, 2002 EXAMINER: Ralph J. Gitomer
TITLE: IN VITRO METHODS FOR SCREENING FOR BLOOD
COAGULATION DISORDERS USING METAL IONS

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MAR 20 2003
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CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 10th day of March, 2003.



Nicole Deane


Commissioner for Patents
Washington, D.C. 20231

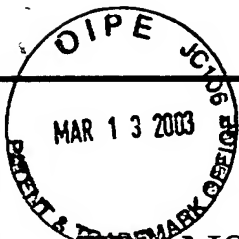
Sir:

Submitted herewith are:

- 1.) Amendment and Response (15 pgs.)
- 2.) Supplemental Information Disclosure Statement (2 pgs.)
- 3.) Form PTO-1449 (1 pg.)
- 4.) Copies of References as Cited A6 & C9
- 5.) Associate Power of Attorney (2 pgs.)
- 6.) Fee Transmittal (1 pg.)
- 7.) Check in the amount of \$702.00
- 8.) Transmittal Form (1 pg.)
- 9.) Return Receipt Postcard

FREE TRANSMITTAL MAR 13 2003 U.S. PATENT & TRADEMARK SERVICE	Complete if Known	
	Application Serial Number	10/050,441
	Filing Date	January 16, 2002
	First Named Inventor	Rosén
	Group Art Unit	1651
	Examiner Name	Ralph J. Gitomer
	Attorney Docket No.	INL-044C1

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																															
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input type="checkbox"/> Applicant claims small entity status.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Large Entity Fee (\$)</th> <th style="width: 10%;">Small Entity Fee (\$)</th> <th style="width: 60%;">Fee Description</th> <th style="width: 20%;">Fee Paid</th> </tr> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>400</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>920</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1440</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1960</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Supplemental Information Disclosure Statement</td><td>\$ 180.00</td></tr> <tr><td>740</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>740</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td colspan="2"></td><td>Other fee (Specify) _____</td><td></td></tr> <tr><td colspan="2"></td><td>Other fee (Specify) _____</td><td></td></tr> </table>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		400	200	Extension for reply within second month		920	460	Extension for reply within third month		1440	720	Extension for reply within fourth month		1960	980	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Supplemental Information Disclosure Statement	\$ 180.00	740	370	Filing a submission after final rejection (37 CFR 1.129(a))		740	370	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error				Other fee (Specify) _____				Other fee (Specify) _____																
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FEE CALCULATION 1. FILING FEE <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 45%;">Fee Description</th> <th style="width: 40%;">Fee Paid</th> </tr> <tr><td>740</td><td>Utility filing fee</td><td></td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 55%;">Amount</th> </tr> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$280.00 =</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td>(\$)</td> <td>0.00</td> </tr> </table> 2. AMENDMENT CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Claims Remaining After Amend.</th> <th style="width: 10%;">Highest No. Previously Paid For</th> <th style="width: 10%;">Present Extra</th> <th style="width: 10%;">Rate</th> <th style="width: 60%;">Fee Paid</th> </tr> <tr> <td>Total 71</td> <td>- 42 =</td> <td>29</td> <td>x \$ 18.00 =</td> <td>\$ 522.00</td> </tr> <tr> <td>Indep. 1</td> <td>- 1 =</td> <td>0</td> <td>x \$ 84.00 =</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$280.00 =</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$ 522.00)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td></td> <td>(\$)</td> <td>522.00</td> </tr> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	740	Utility filing fee		330	Design filing fee		160	Provisional filing fee		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 18.00 =		Independent Claims	- 3 =	x \$ 84.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =		TOTAL:				SMALL ENTITY DISCOUNT:				SUBTOTAL (1)		(\$)	0.00	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total 71	- 42 =	29	x \$ 18.00 =	\$ 522.00	Indep. 1	- 1 =	0	x \$ 84.00 =	\$ 0.00	<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	\$ 0.00	TOTAL:				(\$ 522.00)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)			(\$)	522.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (3)</td> <td>(\$)</td> <td>180.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (2)</td> <td>\$</td> <td>522.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (3)</td> <td>\$</td> <td>180.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> <td>(\$)</td> <td>702.00</td> </tr> </table>	SUBTOTAL (3)		(\$)	180.00	SUBTOTAL (1)		\$	0.00	SUBTOTAL (2)		\$	522.00	SUBTOTAL (3)		\$	180.00	TOTAL		(\$)	702.00
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CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	SIGNATURE BLOCK Date: March 10, 2003 Reg. No.: 45,508 Tel. No.: (617) 248-7226 Fax No.: (617) 248-7100 Respectfully submitted,  Daniel A. Wilson Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																															



TRANSMITTAL FORM

Application Serial Number	10/050,441
Filing Date	January 16, 2002
First Named Inventor	Rosén
Group Art Unit	1651
Examiner Name	Ralph J. Gitomer
Attorney Docket No.	INL-044C1
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

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|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement
<input checked="" type="checkbox"/> Form PTO-1449
<input checked="" type="checkbox"/> Copies of IDS Citations A6 & C9 | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| | <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) |
| | <input type="checkbox"/> CD(s) for large table or computer program | <input checked="" type="checkbox"/> Associate Power of Attorney |
| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | |

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Daniel A. Wilson
Attorney for Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: March 10, 2003
Reg. No.: 45,508
Tel. No.: (617) 248-7226
Fax No.: (617) 248-7100